

<i>SERFF Tracking Number:</i>	<i>GARD-125658590</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39255</i>
<i>Company Tracking Number:</i>	<i>L-AP-SIGI-2008</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Life Application 2008 SIGI</i>		
<i>Project Name/Number:</i>	<i>2008 SIGI Application/L-AP-SIGI-2008</i>		

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: Life Application 2008 SIGI

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: GARD-125658590 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39255

Co Tr Num: L-AP-SIGI-2008

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Lisa Capella, Louis A
Conte, Peter Diggins, Margaret
Lewis-Forbes, John Monahan,
Monica Wilson, Connie Gelfat,
Kathleen Tobin

Disposition Date: 06/12/2008

Date Submitted: 06/10/2008

Disposition Status: Approved

Implementation Date Requested: 08/25/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 SIGI Application

Project Number: L-AP-SIGI-2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: The Guardian Life Insurance Company of America (Guardian)

NAIC Number: 429-64246 FEIN Number: 13-5123390

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: GARD-125658590 *State:* Arkansas
Filing Company: The Guardian Life Insurance Company of America *State Tracking Number:* 39255
Company Tracking Number: L-AP-SIGI-2008
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Life Application 2008 SIGI
Project Name/Number: 2008 SIGI Application/L-AP-SIGI-2008

New Individual Life Application Forms

Dear Commissioner:

We are enclosing for your review and approval 4 individual life application forms. These applications will be used to apply for life insurance policies issued by The Guardian Life Insurance Company of America (Guardian). L-AP-SIGI-2008, replaces previously approved application form L-AP-SIGI-2005, which was approved by your Department on 3/4/2005. The other applications in this filing are new and do not replace any forms previously approved by your Department. All of the enclosed application forms can also be used by our subsidiary company, The Guardian Insurance & Annuity Company, Inc (GIAC), and a separate submission of all of these forms on behalf of GIAC has also been made with your Department.

Simplified Issue/Guaranteed Issue Application Form (L-AP-SIGI-2008) This is the main application we will use to apply for all life insurance products that we offer on either a Simplified Issue or a Guaranteed Issue basis. This application has "Actively at Work" questions for use in Guaranteed Issue situations (note, these are not medical underwriting questions) and medical/personal history questions for use in Simplified Issue situations. The policyowner will not need to complete both of these sections of the application.

Census Form (L-AP-COLISUPP-2008)

We anticipate that many times application form L-AP-SIGI-2008 will be used as a "master application". When used as such, the owner and insured will not complete a full copy of this application for each insured in the plan. Instead, the corporate owner will complete one application which will provide basic information about the case and the specific product they are requesting, and will answer certain other important questions like the replacement of life insurance question. But demographic information regarding the proposed insureds will be provided in a separate Census form, which is enclosed for your approval. Each insured will then also complete the appropriate Consent Form described below.

Consent to Insurance (L-AP-COLI-2008 and L-AP-COLI-2008-SI)

We have enclosed 2 Consent to Insurance forms. One of these is intended for use in Guaranteed Issue situations and

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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Life Application 2008 SIGI</i>		
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one is intended for use in Simplified Underwriting situations. These forms allow the proposed insured to consent to the issuance of insurance on his/her life to be owned by, and paid for the benefit of, the corporate owner. This form meets state and federal rules requiring the employees give such consent prior to the issuance of the coverage. The Consent forms also contain the same Guaranteed Issue or Simplified Issue questions that appear on the basic application form. So in lieu of having to complete a full application on each insured, the owner can use the "master application" approach and we will obtain the insured's representations on the Guaranteed Issue/Simplified Issue questions on the Consent Form, instead of in the life application.

I hope this information is satisfactory and that we may receive your Department's approval of these forms at your earliest convenience. If you have any questions, please feel free to contact me at (212) 598-8419, or toll-free at 877-600-1460, or by e-mailing me at John_Monahan@glic.com.

Sincerely,
 John J. Monahan, Director
 Individual Markets Compliance

Company and Contact

Filing Contact Information

Monica Wilson, Specialist	mwilson@glic.com
7 Hanover Square	(212) 598-1684 [Phone]
New York, NY 10004	(212) 919-2592[FAX]

Filing Company Information

The Guardian Life Insurance Company of America	CoCode: 64246	State of Domicile: New York
7 Hanover Square	Group Code: 429	Company Type: Life
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8704 ext. [Phone]	FEIN Number: 13-5123390	

SERFF Tracking Number: GARD-125658590 *State:* Arkansas
Filing Company: The Guardian Life Insurance Company of America
Company Tracking Number: L-AP-SIGI-2008
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Life Application 2008 SIGI
Project Name/Number: 2008 SIGI Application/L-AP-SIGI-2008

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20 X 4 = \$80.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$80.00	06/10/2008	20774798

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>GARD-125658590</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-125658590 State: Arkansas

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Company Tracking Number: L-AP-SIGI-2008

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Life Application 2008 SIGI

Project Name/Number: 2008 SIGI Application/L-AP-SIGI-2008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Simplified Issue/Guaranteed Issue		Yes
Form	Consent to Insurance		Yes
Form	Consent to Insurance		Yes
Form	Proposed Insurance Census for Corporate Owned Life Insurance		Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Life Application 2008 SIGI

Project Name/Number: 2008 SIGI Application/L-AP-SIGI-2008

Form Schedule

Lead Form Number: L-AP-SIGI-2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-AP-SIGI-2008	Application/ Simplified Enrollment Form	Issue/Guaranteed Issue	Initial		46	L-AP-SIGI-2008.pdf
	L-AP-COLI-2008	Application/ Consent to Insurance Enrollment Form		Initial		40	L-AP-COLI-2008.pdf
	L-AP-COLI-2008 SI	Application/ Consent to Insurance Enrollment Form		Initial		44	L-AP-COLI-2008-SI.pdf
	L-AP-COLISUPP-2008	Application/ Proposed Insurance Enrollment Form	Census for Corporate Owned Life Insurance	Initial		46	L-AP-COLISUPP-2008.pdf



Customer Service Office
3900 Burgess Place
Bethlehem, PA 18017

☐ The Guardian Life Insurance Company of America
☐ The Guardian Insurance and Annuity Corporation, Inc.
(Please check appropriate Company)

APPLICATION FOR LIFE INSURANCE Simplified Issue/Guaranteed Issue

Please print

(Page 1 of 6)

1. Owner Information

- a. Owner (check one only): ☐ Employer ☐ Proposed Insured ☐ Trust ☐ Other _____
- b. Owner name _____
- c. Social Security No./Tax ID No. _____ d. Relationship to proposed insured _____
- e. Street Address _____
- f. Telephone Number _____ g. Tax Qualified Plan? ☐ Yes ☐ No
- h. Check here ☐ if you wish all policyowner communications to be sent to the address shown above in 1.e., or please designate a different address: _____
- i. Complete if Policy is Employer Owned: Primary Contact _____ Title _____
- j. Complete if Policy is **Trust Owned**: Date of Trust _____
Complete Names of Authorized Trustees _____

2. Proposed Insured Information

- a. ☐ Individual Insured information below ☐ Census Data Attached
- b. First Name _____ MI _____ Last Name _____
- c. Social Security # _____ d. Sex ☐ Male ☐ Female
- e. Date of Birth (mm/dd/yyyy) _____ f. Place of Birth _____
- g. Are you a U.S. citizen? ☐ Yes ☐ No
If no, give: Visa Type _____
Visa Duration _____
Other _____
- h. Marital Status
☐ Married ☐ Single ☐ Separated
☐ Widowed ☐ Divorced
- i. Address _____
City _____ State _____ Zip _____
- j. How long at this address? _____ k. Home phone _____

3. Employment Information

- a. Name of Employer (if employer information is provided above, check here ☐ and proceed to question 3(c).

- b. Street Address _____
City _____ State _____ Zip _____
Business Phone _____
- c. How many years employed? _____
- d. Occupation _____ e. Job Title _____
- f. Nature of Business _____



4. Beneficiary Information

☐ Check here if Beneficiary is the same as the Owner (if checked, skip this section).

Print full name and relationship to Proposed Insured. (Unless otherwise indicated, all Primary Beneficiaries who survive the Insured shall share equally. If no Primary Beneficiary survives the Insured, benefits will be paid in equal shares to the Contingent Beneficiaries, etc., if surviving the Insured, unless otherwise specified).

5. Purpose of Insurance

Please describe the purpose of the proposed insurance (check one or more of the following, or describe in "Other"):

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Buy-Sell | <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Charitable Planning | <input type="checkbox"/> Family Income | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Key Person | <input type="checkbox"/> Split Dollar | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Retirement | <input type="checkbox"/> Spouse/Child Insurance |
| <input type="checkbox"/> Executive Bonus | <input type="checkbox"/> Collateral for Debt | <input type="checkbox"/> Wealth Accumulation | <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

6. Proposed Insurance

a. Plan of Insurance _____ Base Policy Face Amount \$ _____

b. Riders

Traditional Life/Term Riders (Note: Option Q and R riders are elected in the Dividends Section)

- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Premium (WP) ☐ Initial Period Waiver of Premium (For LifeSpan only)
- ☐ Scheduled/Unscheduled Paid-Up Additions (EPUA) Rider ☐ Unscheduled Only Paid-Up Additions (EPUA) Rider
- If a Scheduled PUA Payment is desired, indicate annual amount \$ _____
- If an Initial PUA Payment is to be made, indicate amount (not including first Scheduled payment) \$ _____
- If Waiver of Specified Amount benefit is requested, indicate annual Specified Amount \$ _____
- ☐ Guaranteed Purchase Option (GIO) Option Amount: \$ _____
- ☐ Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ 10 Year Annually Renewable Term (RTR-10) Term Amount: \$ _____
- ☐ DuoGuard (List names & amounts for Designated Lives. Complete a separate application for each Designated Life.)
- | Name of Designated Life | Amount | Name of Designated Life | Amount |
|-------------------------|----------|-------------------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | | |
- ☐ Select Security Rider
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

Universal Life and Variable Life Riders

- ☐ Additional Sum Insured (Do NOT include this amount in Base Face Amount shown above) \$ _____
- ☐ Secondary Guarantee Coverage Rider/Guaranteed Coverage Rider (for VUL GCR, elect coverage to age _____)
- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Monthly Deductions
- ☐ Disability Benefit Rider Monthly Specified Amount: \$ _____
- ☐ Guaranteed Insurability Option Option Amount \$ _____
- ☐ Term Rider Term Amount: \$ _____ ☐ Select Security Rider
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

7. Premiums

- a. Mode
☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly (list bill only – this may not be available for all products)
☐ Guard-O-Matic (complete the appropriate Request Form)
☐ New Service ☐ Add to my existing service Existing Policy Number _____
☐ Other _____
- b. Who is to pay premiums? _____
- c. Send premium notices to:
☐ Residence ☐ Business ☐ Owner's address ☐ Other _____
☐ List Bill
☐ New – Billing Name _____ Common billing date _____
☐ Existing List Bill # _____
- d. Automatic Premium Loan (if available) ☐ Yes ☐ No (if left blank, default will be Yes)
- e. Complete for VUL/UL policies:
Initial Premium \$ _____ Planned Premium (at the mode indicated above) \$ _____
- f. Prepayment of Premium
☐ No money is being submitted with this application.
☐ Money is being submitted with this application, in the amount of \$ _____ for proposed life insurance in the amount of \$ _____ in exchange for the Conditional Receipt providing proposed conditional coverage for this amount of insurance only. Please see the Conditional Receipt for the circumstances under which money can be paid with this application, and Item (3) under "Conditions" in the Receipt for rules pertaining to the amount of life insurance that can be entered above.

8. Dividends (for participating policies only)

- ☐ A-Paid in cash
☐ B-Reduce premiums
☐ C-Left at interest (Complete W-9 form if elected)
☐ D-Paid-Up Additional Insurance (Option D will be the default option if no other is elected)
☐ Q- One Year Term Insurance not to exceed Target Face Amount* of \$ _____
☐ R- One Year Term Insurance with Increasing Target Face Amount* Initial Target \$ _____
☐ Level Increases % _____ ☐ Compound Increases % _____
☐ S- Premium Offset – (available only if a PUA rider is requested. Premiums to be offset at the end of the first policy year by use of PUA rider additions and future dividends) ☐ with Target Face Amount* not to exceed \$ _____
☐ U-Loan Repayment/Balance to Paid-up Additions
☐ Other _____

* Do not include the base policy face amount in the Target Face Amount.

9. Additional Information for VUL/UL Policies

- a. **Death Benefit Option** (Note, not all options may be available with all policies)
☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Other _____
- b. **Section 7702 Test** (Note, the choice of 7702 Test may not apply to all policies)
Section 7702 of the Internal Revenue Code defines Life Insurance and specifies the rules under which the growth of life insurance policy cash values are excludible from gross income. If the plan being applied for provides a choice of test under 7702 to qualify the policy as life insurance, please check one of the tests shown below. Once a test is elected, it cannot be changed. If there is a choice of Test and none is elected, the Guideline Premium Test will be used.
☐ Guideline Premium Test ☐ Cash Value Accumulation Test

10. Replacement

As a result of the proposed purchase of life insurance, have you taken, or are you considering taking, any of the following actions on an existing life insurance policy or annuity contract you own on the life of the proposed insured: (a) the lapse, surrender, forfeit, assignment to an insurer, or termination of any such existing policy or contract and/or (b) the use of funds from your existing policy or contract to pay the premium or premiums on the new life insurance policy? (Note: if a census is attached, this question is asked of the owner with respect to all proposed insureds listed on the census). ☐ Yes ☐ No

(If "Yes", please provide details in the Remarks section. Details must include at a minimum a listing of policies or contracts so affected, properly identified by name of insurer, name of insured/annuitant, and policy or contract number if known. If no policy number has been assigned, other identifying information, such as an application or receipt number should be listed. Depending on your state's requirements, your agent may ask you to complete a replacement disclosure form.)

11. Existing Insurance on Proposed Insured

Does the owner have any existing life insurance policies or annuity contracts in force on any of the proposed insureds?

☐ Yes (please list below) ☐ No

A. Life insurance policies/Annuity Contracts

Name of Insured	Name of Company	Year Issued	Amount	Guaranteed Issue?	Accidental Death	Waiver of Premium
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

12. Actively At Work

- a. Is the Proposed Insured currently employed by the Employer named above and currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity, at his/her customary place of employment?
☐ Yes ☐ No (Please provide details of any "no" answer)
- b. During the 90 days preceding the date of this application, has the Proposed Insured been absent from work due to illness or injury (not including vacation, normal non-working days, or holidays) for either more than 3 consecutive days or more than a total of 5 days?
☐ Yes ☐ No (Please provide details of any "yes" answer)

13. Personal History of the Proposed Insured (Do not complete if applying for Guaranteed Issue)

These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.

- a. Height _____ Weight _____
- b. Within the past ten years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus?..... ☐ Yes ☐ No
- c. Have you ever had, been treated for or received a consultation or counseling for:
- i. Heart disease, stroke, chest pain, elevated blood pressure, heart murmur or any other disease or disorder of the heart or blood vessels?..... ☐ Yes ☐ No
 - ii. Respiratory disorder, kidney disorder, diabetes, mental or emotional problems, disorder of the liver or other gastrointestinal organs, cancer or tumor of any kind, anemia or other disorder of the blood, disorder of the nervous systems or disorder of the reproductive organs?..... ☐ Yes ☐ No
 - iii. Any condition not covered in (i) or (ii)? ☐ Yes ☐ No
- d. Are you currently receiving medical care or taking medication? ☐ Yes ☐ No
- e. Have you been advised within the past 5 years to have any diagnostic test, hospitalization, or surgery which has not been completed?..... ☐ Yes ☐ No
- f. Have you ever used drugs other than as prescribed by a physician or had or been advised to have counseling or treatment for alcohol or drug use? ☐ Yes ☐ No

Application For Life Insurance (continued)

(Page 5 of 6)

- | | | Yes | No |
|----|---|--|--|
| g. | Have you smoked cigarettes in the past 12 months?
(if you have quit, date last used: _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Have you used tobacco in any form in the last 24 months?.....
If "No", have you used tobacco in any form in the last 48 months?.....
(if you have quit, date last used: _____) | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| i. | Do you currently use a nicotine patch or nicotine gum?..... | <input type="checkbox"/> | <input type="checkbox"/> |

14. Remarks Section

[illegible]

15. Alternate/Additional Life Policy

*Note: This section may only be used if **no** cash is being paid with the application. If cash is being paid, a separate application is needed for the alternate or additional plan.*

Please indicate: ☐ Alternate Policy ☐ Additional Policy

Plan of Insurance: _____ Face Amount: _____

Details (Riders, Benefits, Dividend Option, etc.):

16. Amendments or Corrections (For Home Office Or Customer Service Office Use Only)

Application For Life Insurance (continued) Representations of the Proposed Insured and Owner

(Page 6 of 6)

Those parties who sign below, agree that:

1. This application, (Part 1, Part 2, the Authorization, any Consent to Insurance, and any other supplements to the application) will form the basis for, and become part of and attached to, any policy issued.
2. That all of the statements that are part of the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Company's rights or requirements. No information acquired by any Representative of the Company shall bind the Company unless it shall have been set out in writing in this Application
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may lead to rescission of any policy that is issued based on this application.
5. The policy date is the date from which premiums are calculated and become due. The effective date is the date the policy is delivered and the first premium is paid. Except as provided in the Conditional Receipt (if an advance payment has been made and acknowledged and such Receipt issued) coverage does not begin until the effective date assuming the first premium is paid during the lifetime and prior to any change in the health of the Proposed Insured.
6. Changes or corrections made by the Company and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
7. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time will be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums will be more than the cost of paying one annual premium.
8. ☐ Check here if backdating to save age is being requested. Note that a request to backdate to save age can only be honored if permitted by state law. If not backdating to save age, but a specific policy date is being requested, please enter date here: _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at: _____ on _____
City and State mm/dd/yyyy

Signature of Proposed Insured Signature of Applicant/Owner if Other than Proposed Insured

Signature of Additional Owner Witness (for applications taken by mail)

- ☐ Check here if this application was taken by mail. If application is taken by mail, the signature of the agent does not attest to the signature of the Proposed Insured or Owner if Other than the Proposed Insured.
- ☐ Check here if this application was taken in person. I certify that I have taken this application in the presence of the Proposed Insured and Owner (if Other than the Proposed Insured), and that I have truly and accurately recorded on this application the information supplied by the Proposed Insured and Owner (if Other than the Proposed Insured).

Signature of Licensed Agent License Number(s)

Agent's Name State(s) where licensed



Customer Service Office
3900 Burgess Place
Bethlehem, PA 18017

☐ The Guardian Life Insurance Company of America
☐ The Guardian Insurance and Annuity Corporation, Inc.
(Please check appropriate Company)

CONSENT TO INSURANCE

IMPORTANT

**DEATH BENEFIT MAY BE TAXABLE UNLESS CONSENTS ARE COMPLETED
BEFORE APPLICATION OR CHANGE REQUEST IS SIGNED**

1. Employer Information

Name of Employer_____

2. Employee Information

Name of Employee_____

Date of Birth_____ Gender: ☐ Male ☐ Female Social Security No._____

Place of Birth_____ U.S. Citizen? ☐ Yes ☐ No

Home Address_____

3. Acknowledgment and Consent to Insurance

The Consent portion of this form is provided in accordance with Internal Revenue Code Section 101(j). By signing this form, I acknowledge, understand and agree that I consent to be insured and that:

- (a) A life insurance policy may be issued by Guardian on my life and that such policy will be issued to the Employer, with the Employer being the beneficiary;
- (b) The Employer will apply for, own and control the life insurance policy in every respect;
- (c) Neither I, nor my estate, administrators, heirs or assignees have any rights in the policy or in any policy proceeds;
- (d) The Employer will continue to be the owner and beneficiary of the life insurance policy indefinitely, including potentially after my employment with the Employer terminates, regardless of whenever or for whatever reason this may occur; and
- (e) The maximum face amount of any policy issued on my life will not exceed_____ at the time such policy is issued. Note that the maximum face amount may be higher than the actual face amount of the policy. The amount of insurance may only be increased in the future without further notice to me if the increase is a result of the operation of Section 7702 of the Internal Revenue Code, or if the policy itself permits such an increase. In the latter case, the maximum face amount of the policy after it has been issued is_____.

4. Actively At Work Questions (asked of Proposed Insured)

- a. Are you currently employed by the Employer named above and are you currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity, at your customary place of employment?
☐ Yes ☐ No (Please provide details below to any "No" answer).
- b. During the 90 days preceding the date of this Consent to Insurance, have you been hospitalized or otherwise absent from work due to illness or injury (not including vacation or holidays) for either more than 3 consecutive days or more than a total of 5 days? ☐ Yes ☐ No (Please provide details below to any "Yes" answer).

Remarks/Details:_____

I, the undersigned, have read and understand this Consent to Insurance Form and that I willingly choose to consent as described herein. I agree that the information contained in this Form is accurate and complete to the best of my knowledge and belief. I also understand that Guardian may rely upon the statements and answers in this form in determining the issuance and the pricing of any life insurance policy issued on my life and that the form may be attached to and made a part of such policy.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signature of Employee

Date



Customer Service Office
3900 Burgess Place
Bethlehem, PA 18017

☐ The Guardian Life Insurance Company of America
☐ The Guardian Insurance and Annuity Corporation, Inc.
(Please check appropriate Company)

CONSENT TO INSURANCE

IMPORTANT

**DEATH BENEFIT MAY BE TAXABLE UNLESS CONSENTS ARE COMPLETED
BEFORE APPLICATION OR CHANGE REQUEST IS SIGNED**

1. Employer Information

Name of Employer_____

2. Employee Information

Name of Employee_____

Date of Birth_____ Gender: ☐ Male ☐ Female Social Security No._____

Place of Birth_____ U.S. Citizen? ☐ Yes ☐ No

Home Address_____

3. Acknowledgment and Consent to Insurance

The Consent portion of this form is provided in accordance with Internal Revenue Code Section 101(j). By signing this form, I acknowledge, understand and agree that I consent to be insured and that:

- (a) A life insurance policy may be issued by Guardian on my life and that such policy will be issued to the Employer, with the Employer being the beneficiary;
- (b) The Employer will apply for, own and control the life insurance policy in every respect;
- (c) Neither I, nor my estate, administrators, heirs or assignees have any rights in the policy or in any policy proceeds;
- (d) The Employer will continue to be the owner and beneficiary of the life insurance policy indefinitely, including potentially after my employment with the Employer terminates, regardless of whenever or for whatever reason this may occur; and
- (e) The maximum face amount of any policy issued on my life will not exceed_____ at the time such policy is issued. The amount of insurance may only be increased in the future without further notice to me if the increase is a result of the operation of Section 7702 of the Internal Revenue Code, or if the policy itself permits such an increase. In the latter case, the maximum face amount of the policy after it has been issued is_____.

4. Personal History Of Proposed Insured

These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.

a. Height_____ Weight_____

- | | Yes | No |
|--|--------------------------|--------------------------|
| b. Within the past ten years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- c.** Have you ever had, been treated for or received a consultation or counseling for:
- i.** Heart disease, stroke, chest pain, elevated blood pressure, heart murmur or any other disease or disorder of the heart or blood vessels?..... ☐ ☐
 - ii.** Respiratory disorder, kidney disorder, diabetes, mental or emotional problems, disorder of the liver or other gastrointestinal organs, cancer or tumor of any kind, anemia or other disorder of the blood, disorder of the nervous systems or disorder of the reproductive organs? ☐ ☐
 - iii.** Any condition not covered in (i) or (ii)? ☐ ☐
- d.** Are you currently receiving medical care or taking medication? ☐ ☐
- e.** Have you been advised within the past 5 years to have any diagnostic test, hospitalization, or surgery which has not been completed?..... ☐ ☐
- f.** Have you ever used drugs other than as prescribed by a physician or had or been advised to have counseling or treatment for alcohol or drug use? ☐ ☐
- g.** Have you smoked cigarettes in the past 12 months? ☐ ☐
(if you have quit, date last used: _____)
- h.** Have you used tobacco in any form in the last 24 months?..... ☐ ☐
If "No", have you used tobacco in any form in the last 48 months?..... ☐ ☐
(if you have quit, date last used: _____)
- i.** Do you currently use a nicotine patch or nicotine gum?..... ☐ ☐

Remarks/Details:_____

I, the undersigned, have read and understand this Consent to Insurance Form and that I willingly choose to consent as described herein. I agree that the information contained in this Form is accurate and complete to the best of my knowledge and belief. I also understand that Guardian may rely upon the statements and answers in this form in determining the issuance and the pricing of any life insurance policy issued on my life and that the form may be attached to and made a part of such policy.

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Signature of Employee

Date



Customer Service Office
3900 Burgess Place
Bethlehem, PA 18017

☐ **The Guardian Life Insurance Company of America**
☐ **The Guardian Insurance and Annuity Corporation, Inc.**
(Please check appropriate Company)

PROPOSED INSURED CENSUS FOR CORPORATE OWNED LIFE INSURANCE

For application dated _____ for policyowner _____.

This census provides demographic data on the proposed insureds that the applicant wishes The Guardian Life Insurance Company of America or The Guardian Insurance & Annuity Company, Inc. to consider for life insurance under the above referenced application. Please complete this form in its entirety. Use additional forms as needed, but please sign all forms used.

Insured Name	Gender	Date of Birth	Actively At Work? **	Amount of Insurance Applied For (If applicable, indicate Basic Face Amount and Supplemental Face Amount separately)

** For each proposed insured, please indicate whether the individual is actively at work or not (yes/no). Please refer to the "Actively At Work" Section of the application form for an explanation of what constitutes being actively at work.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signature of Owner

Signature of Producer

<i>SERFF Tracking Number:</i>	<i>GARD-125658590</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39255</i>
<i>Company Tracking Number:</i>	<i>L-AP-SIGI-2008</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Life Application 2008 SIGI</i>		
<i>Project Name/Number:</i>	<i>2008 SIGI Application/L-AP-SIGI-2008</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GARD-125658590</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39255</i>
<i>Company Tracking Number:</i>	<i>L-AP-SIGI-2008</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Life Application 2008 SIGI</i>		
<i>Project Name/Number:</i>	<i>2008 SIGI Application/L-AP-SIGI-2008</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/20/2008

Comments:

Attachments:

Guardian Certif of Compliance with Rule 19.pdf

Guardian Readabiity.pdf



**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **The Guardian Life Insurance Company of America**

Form Number(s): **L-AP-SIGI-2008; L-AP-COLISUPP-2008;
L-AP-COLI-2008;
L-AP-COLI-2008 SI**

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer
John J. Monahan

Name
Director Individual Markets Compliance

Title

June 1, 2008

Date



STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: The Guardian Life Insurance Company of America

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Simplified Issue/Guaranteed Issue Application Form	L-AP-SIGI-2008	46.1
Census Form	L-AP-COLISUPP-2008	*45.7
Consent to Insurance	L-AP-COLI-2008	40
Consent to Insurance SI	L-AP-COLI-2008-SI	44

* when scored in conjunction with Application L-AP-SIGI-2008

Name: John J. Monahan
Title: Director, Individual Markets Compliance
Date: June 1, 2008